PTO/SB/04(12:04)

Approved for the through 1/1 1/7000 CHIB ON 1-0032 Under the Peperson Beduction Act of 1995, no periods are required to respond to a collection of information unless I displaye a yeld CMB control limber. U.S. Poleri and Trademark Office; U.S. DEPARTMENT OF COMMERCE patent application fee determination record Application of Dockel Humber Substitute for Form PTO-875 Effective December 8, 2004 IÖ 59468 APPLICATION AS FILED - PARTI. OTHER THAN (Column 1) (Coinin 2) SMALL ENTITY OR SMALL ENTITY FOR HUMBER FILED HUMBER EXTRA BATE (1) BASIC FEE RATE (4) FÉE(S) NVA 7 CFR 1 1841 (0) # (c)) HIA AVA 150,00 NIA 300.00 SEARCHFEE 137 OFR 1 16(W. 14, or Just NA N/A NVA \$250 N/A EXAMINATION FEE \$600 NA (37 CFR 1 1610). (p) or [a]) N/A NA \$100 NA TOTAL CLAIMS \$200 (37.CFR 1 16(d) minus 20 . X\$ 25 X\$50 independent quaims ÓŘ 137 CFR 1 16(N) X100 ≠ C tunim X200 If the specification and drawings exceed 100 APPLICATION SIZE sheets of paper, the application size fee due FEE (37 CFR | 16(4)) 4: \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(Q) and 37 CFR 1:16(s) MULTIPLE DEPENDENT CLAIM PRESENT DT CFR I 1641 +180= +360= * If the difference in column 1 is less then 2010, enter "O" in column 2. TÓTAL TOTAL APPLICATION AS AMENDED - PART II (Column 1) (Column 2) OTHER THAN (Column 3): OR SMALL ENTITY CLAIMS SMALL ENTITY HIGHEST REMAINING NUMBER PRESENT RATE (1) ADDI-AFTER RATE(\$) TIONAL FEE (1) PREVIOUSLY EXTRA TIONAL PAID FOR FEE (1) 20 PI CHA LING Minus X\$ 25 X\$50 OR profestions. Minus . 6 X100 X200 **O**R Application Stre Fée (37 CFR 1.16(s)) ¢ FIRST PRESENTATION OF MILITIPLE DEPENDENT CLAIM (DT CFR 1.160) +180= +360= OR TOTAL TOTAL ADD'L FEE OR ADO'L FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST REMAINING NUMBER PRESENT RATE (\$) ADDI-TIONAL RATE (\$) AFTER. MENOMENT PREVIOUSLY EXTRA ADOL. TIONAL FEE (1) PAID FOR FEE (4) Total Minus **MOVO** X\$ 25 X\$50 tridipendent . OR Minus X100 X200 Application 6124 F40 (37 OFR 1.16(8)) OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM GIT CFR 1.160) +180= +360± OR TOTAL. TOTAL, OR ADD'L FEE

If the entry in column 1 is less than the entry in column 2, write "o' in column 3.

If the Highest Number Previously Paid For' IN THIS SPACE is less than 3, enter "20".

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It collection of Information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to the (and by the PTO to plocess) an application. Confidentially is portened by 35 U.S.Q. 122 and 37 OFR 1.14. This collection is estimated to take 12 minutes to complete. Unling gathering, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any commission the simound of lime you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patient 1 Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Nexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS DRESS. SEND TO: Generalisations for Patients, P.O. Box 1450, Alexandria, VA 22313-1460.